



JFK #

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Application of )  
Derek R. Schweikarth et al. ) Group:  
Serial No. 10/801,467 )  
Filed: March 16, 2004 ) Examiner:  
Title: CHAIR WITH ADJUSTABLE )  
ARMRESTS AND BACKREST )

PRELIMINARY AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450


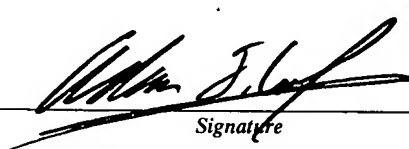
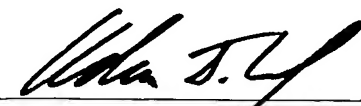
Sir:

Please enter the following amendments to the application.

**Amendments to the Claims** are reflected in the listing of claims which begins on  
page 2 of this paper.

07/08/2004 AMONDAF1 00000082 10801467

01 FC:1201	172.00 OP
02 FC:1202	270.00 OP

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>KIM0569</b>	
Applicant(s): <b>Derek R. Schweikarth et al.</b>						
Application No. <b>10/801,467</b>	Filing Date <b>March 15, 2004</b>	Examiner	Customer No.	Group Art Unit	Confirmation No.	
Invention: <b>CHAIR WITH ADJUSTABLE ARMRESTS AND BACKREST</b> 						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	37 -	22 =	15 x	\$18.00	\$270.00	
INDEP. CLAIMS	5 -	3 =	2 x	\$86.00	\$172.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$442.00</b>	
<input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input checked="" type="checkbox"/> A check in the amount of <b>\$442.00</b> to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.						
 _____ Signature			Dated: <b>June 29, 2004</b>			
<b>BAKER &amp; DANIELS</b> 111 East Wayne Street, Suite 800 Fort Wayne, IN 46802 Telephone: 260-424-8000 Facsimile: 260-460-1700			I certify that this document and fee is being deposited on <b>June 29, 2004</b> with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.   _____ Signature of Person Mailing Correspondence  <b>ADAM F. COX, REG. NO. 46,644</b> _____ Typed or Printed Name of Person Mailing Correspondence			
CC:						